PTO/SB/06 (07-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/524,695			ling Date 25/2005	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
⊢	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)
	BASIC FEE		N/A	.ED NO	N/A		N/A	FEL (#)		N/A	FEL (#)
┝	(37 CFR 1.16(a), (b), s SEARCH FEF	or (c))					H		ł		
片	(37 CFR 1.16(k), (i), c		N/A		N/A		N/A			N/A	
TO	EXAMINATION FE (37 CFR 1.16(a), (p), ( TAL CLAIMS		N/A		N/A		N/A			N/A	
(37	CFR 1.16(i))		minus 20 = *			]	x \$ =		OR	x s =	
	EPENDENT CLAIM CFR 1.16(h))		minus 3 = *			1	x \$ =			x s =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	ts of pap 50 (\$125 tional 50 t	gs exceed 100 on size fee due for each on thereof. See CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											
* If t	the difference in colu	umn 1 is less than	r "0" in column 2.		TOTAL		]	TOTAL			
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	01/17/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
₹	Total (37 CFR 1.18(i))	· 15	Minus	<del></del> 20	= 0		X \$25 =	0	OR	x s =	
١	Independent (37 CFR 1.16(h))	• 3	Minus	<b></b> 3	= 0	1	X \$105 =	0	OR	x s =	
Ę.	Application Size Fee (37 CFR 1.16(s))										
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
L		(Column 1)		(Column 2)	(Column 3)						
L		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	*	Minus		=		x \$ =		OR	x s =	
AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***		]	x \$ =		OR	x s =	
ᇳ	Application Size Fee (37 CFR 1.16(s))					]			]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
If the entry in column 1 is less than the ontry in column 2, write 0" in column 3.  If the "Highest Number Previously Paid For NT HIS SPACE is less than 30, enter "20".  "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For NT HIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CTR 1.10. The information is required to obtain or retain a beautiful by the public which is in 56 feat by the USPTO to moderable any information. Confidentially is governed by 80 Sts CTR 2.01 AT 2.01 Feb. 1.11. This collection is estimated to state 2 remarked to complete is excluded in patients, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double be sent to the California find information. Clinic v. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 2213-1450, Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, Do NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.